

2006 President's/Chancellor's Compensation Survey for Public Two-Year Institutions

Name: Vacant
Institution: **Crowder College**
Phone: 417.455.5675
Contact Person: Gale Lynch

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$120,000 | | | \$120,000 | | |
| Medical/dental/vision insurance for self | \$3,246 | | | \$3,682 | | |
| Medical/dental/vision insurance for spouse/family | \$5,680 | | | \$6,443 | | |
| Long-term disability for self | | | | | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$14,826 | | | \$15,615 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | Value | | | | | |

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|---------|-----------|-----|-----|-----------|-----|-----|
| Annuity | Value | | | | | |
| TOTAL | \$143,752 | \$0 | \$0 | \$145,740 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | \$4,000 | | | \$4,000 | | |
| Automobile allowance | | | | | | |

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|--|----------|-----|-----|----------|-----|-----|
| (provided for private lease/purchase) | | | | | | |
| Automobile repair/maintenance/mileage | \$8,000 | | | \$9,000 | | |
| Professional Development | \$2,000 | | | \$2,000 | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | \$500 | | | \$500 | | |
| Other (please specify) | | | | | | |
| TOTAL | \$14,500 | \$0 | \$0 | \$15,500 | \$0 | \$0 |

Name: Edward Jackson, President
Institution: **East Central College**
Phone: 636.583.5195
Contact Person: Jon Bauer, Executive Dean, Finance & Administration

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|---|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$125,000 | | | \$131,250 | | |
| Medical/dental/vision insurance for self | | | | | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | | | | | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$14,375 | | | \$15,750 | | |
| Other (please specify) Cash value, insurance premiums for self & spouse | \$11,106 | | | \$11,526 | | |
| Additional life insurance Additional premium | Value | | | | | |
| Annuity | Value | | | | | |

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|-------|-----------|-----|-----|-----------|-----|-----|
| TOTAL | \$150,481 | \$0 | \$0 | \$158,526 | \$0 | \$0 |
|-------|-----------|-----|-----|-----------|-----|-----|

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | \$10,800 | | | \$10,800 | | |

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|---|----------|-----|-----|----------|-----|-----|
| Automobile (repair/ maintenance/mileage) | | | | | | |
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$10,800 | \$0 | \$0 | \$10,800 | \$0 | \$0 |

Name: William P. McKenna, President
Institution: **Jefferson College**
Phone: 636.797.3000 x 120
Contact Person: Wayne H. Watts, VP of Finance and Administration

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$115,500 | | | \$121,102 | | |
| Medical/dental/vision insurance for self | \$5,173 | | | \$5,308 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | \$308 | | | \$308 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$13,901 | | | \$15,192 | | |
| Other (please specify) | | | | | | |
| Life insurance (\$20,000) | \$70 | | | \$70 | | |
| Additional life insurance Additional premium | Value | | | | | |
| Annuity | Value | | | | | |

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|-------|-----------|-----|-----|-----------|-----|-----|
| TOTAL | \$134,952 | \$0 | \$0 | \$141,980 | \$0 | \$0 |
|-------|-----------|-----|-----|-----------|-----|-----|

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |

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|---|---------|-----|-----|---------|-----|-----|
| Automobile (repair/ maintenance/mileage) | \$5,700 | | | \$5,700 | | |
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| Gas | \$2,358 | | | \$3,000 | | |
| TOTAL | \$8,058 | \$0 | \$0 | \$8,700 | \$0 | \$0 |

Name: Donald Claycomb, President
Institution: **Linn State Technical College**
Phone: 573.897.5000
Contact Person: John Nilges

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$110,000 | | | \$118,800 | | |
| Medical/dental/vision insurance for self | \$4,973 | | | \$4,359 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | | | | | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$11,704 | | | \$14,957 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$126,677 | \$0 | \$0 | \$138,116 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | \$7,186 | | | \$7,800 | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/maintenance/mileage) | \$928 | | | \$437 | | |

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|--|---------|-----|-----|---------|-----|-----|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$8,114 | \$0 | \$0 | \$8,237 | \$0 | \$0 |

Name: Jacqueline I. Snyder, Chancellor
Institution: **Metropolitan Community College**
Phone: 816.759.1410
Contact Person: Al Tunis 816.759.1020

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | | | | \$173,160 | | |
| Medical/dental/vision insurance for self | | | | \$5,220 | | |
| Medical/dental/vision insurance for spouse/family | | | | \$2,532 | | |
| Long-term disability for self | | | | \$987 | | |
| Deferred compensation | | | | \$0 | | |
| Retirement benefit | | | | \$29,514 | | |
| Other (please specify) | | | | | | |
| 403B | | | | \$1,000 | | |
| Additional life insurance premium | | | | \$539 | | \$539 |
| Additional life insurance Additional premium | Value | | | | | |

| | | | | | | |
|---------|-------|-----|-----|-----------|-----|-------|
| Annuity | Value | | | | | |
| TOTAL | \$0 | \$0 | \$0 | \$212,952 | \$0 | \$539 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | \$5,000 | |
| Automobile | | | | | | |

| | | | | | | |
|--|-----|-----|-----|---------|---------|-----|
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile repair/ maintenance/mileage | | | | \$2,079 | | |
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | \$2,265 | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$0 | \$0 | \$0 | \$4,344 | \$5,000 | \$0 |

Name: Malcolm T. Wilson, President
Institution: **Metropolitan Community College - Blue River**
Phone: 816.220.6542
Contact Person: Al Tunis 816.759.1020

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$131,613 | | | \$136,219 | | |
| Medical/dental/vision insurance for self | \$4,920 | | | \$5,220 | | |
| Medical/dental/vision insurance for spouse/family | \$0 | | | \$0 | | |
| Long-term disability for self | \$645 | | | \$776 | | |
| Deferred compensation | \$0 | | | \$0 | | |
| Retirement benefit | \$15,019 | | | \$16,265 | | |
| Other (please specify) | | | | | | |
| 403B | \$1,000 | | | \$1,000 | | |
| Flex Account | \$727 | | | \$688 | | |
| Add'l life insurance premium | \$519 | | \$519 | \$539 | | \$539 |

| | | | | | | |
|---|--------------------|-----|-------|-----------|-----|-------|
| Additional life insurance Additional premium | Value \$131,000 | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$154,443 | \$0 | \$519 | \$160,707 | \$0 | \$539 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------------|--|---|-------------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |

| | | | | | | |
|--|---------|-----|-----|---------|-----|---------|
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/ maintenance/mileage) | | | | | | |
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| Auto Fluids | \$1,500 | | | \$1,663 | | \$1,663 |
| TOTAL | \$1,500 | \$0 | \$0 | \$1,663 | \$0 | \$1,663 |

Name: J. Gary Sage, President
Institution: **Metropolitan Community College - Business & Technology**
Phone: 816.482.5610
Contact Person: Al Tunis 816.759.1020

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | | | | \$122,130 | | |
| Medical/dental/vision insurance for self | | | | \$4,991 | | |
| Medical/dental/vision insurance for spouse/family | | | | \$1,826 | | |
| Long-term disability for self | | | | \$696 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | | | | \$14,618 | | |
| Other (please specify) | | | | | | |
| 403B | | | | \$1,000 | | |
| Add'l life insurance premium | | | | \$483 | | \$483 |
| Additional life insurance Additional premium | Value | | | | | |

| | | | | | | |
|---------|-------|-----|-----|-----------|-----|-------|
| Annuity | Value | | | | | |
| TOTAL | \$0 | \$0 | \$0 | \$145,744 | \$0 | \$483 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |

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|--|-----|-----|-----|---------|-----|---------|
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/ maintenance/mileage) | | | | | | |
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| Auto Fluids | | | | \$1,938 | | \$1,938 |
| TOTAL | \$0 | \$0 | \$0 | \$1,938 | \$0 | \$1,938 |

Name: Fred L. Grogan, President
Institution: **Metropolitan Community College - Longview**
Phone: 816.672.2414
Contact Person: Al Tunis, 816.759.1020

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$131,613 | | | \$136,219 | | |
| Medical/dental/vision insurance for self | \$4,929 | | | \$5,220 | | |
| Medical/dental/vision insurance for spouse/family | \$2,356 | | | \$4,088 | | |
| Long-term disability for self | \$645 | | | \$776 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$15,019 | | | \$16,265 | | |
| Other (please specify) | | | | | | |
| Extra Duty Pay | \$7,200 | | \$7,200 | | | |
| 403B | \$1,000 | | | \$1,000 | | |
| Add'l life insurance premium | \$519 | | \$519 | \$539 | | \$539 |

| | | | | | | |
|---|--------------------|-----|---------|-----------|-----|-------|
| Additional life insurance Additional premium | Value \$131,000 | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$163,281 | \$0 | \$7,719 | \$164,107 | \$0 | \$539 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------------|--|---|-------------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |

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|--|---------|-----|-----|---------|-----|---------|
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/ maintenance/mileage) | | | | | | |
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| Auto Fluids | \$1,300 | | | \$1,940 | | \$1,940 |
| TOTAL | \$1,300 | \$0 | \$0 | \$1,940 | \$0 | \$1,940 |

Name: Merna S. Saliman, President
Institution: **Metropolitan Community College - Maple Woods**
Phone: 816.437.3046
Contact Person: Al Tunis, 816.759.1020

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$131,613 | | | \$136,219 | | |
| Medical/dental/vision insurance for self | \$4,929 | | | \$5,220 | | |
| Medical/dental/vision insurance for spouse/family | \$2,356 | | | \$2,050 | | |
| Long-term disability for self | \$645 | | | \$776 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$15,019 | | | \$16,265 | | |
| Other (please specify) | | | | | | |
| 403B | \$1,000 | | | \$1,000 | | |
| Add'l life insurance Additional | \$519 | | \$519 | \$539 | | \$539 |
| Additional life insurance | Value \$131,000 | | | | | |

| | | | | | | |
|---------|-----------|-----|-------|-----------|-----|-------|
| Annuity | Value | | | | | |
| TOTAL | \$156,081 | \$0 | \$519 | \$162,069 | \$0 | \$539 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |

| | | | | | | |
|--|---------|-----|-----|---------|-----|---------|
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/ maintenance/mileage) | | | | | | |
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| Auto Fluids | \$1,103 | | | \$1,586 | | \$1,586 |
| TOTAL | \$1,103 | \$0 | \$0 | \$1,586 | \$0 | \$1,586 |

Name: E. Bernard Franklin, President
Institution: **Metropolitan Community College - Penn Valley**
Phone: 816.759.1044
Contact Person: Al Tunis, 816.759.1020

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | | | | \$136,219 | | |
| Medical/dental/vision insurance for self | | | | \$4,991 | | |
| Medical/dental/vision insurance for spouse/family | | | | \$1,826 | | |
| Long-term disability for self | | | | \$776 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | | | | \$16,265 | | |
| Other (please specify) | | | | | | |
| Add'l life insurance premium | | | | \$539 | | \$539 |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |

| | | | | | | |
|-------|-----|-----|-----|-----------|-----|-------|
| TOTAL | \$0 | \$0 | \$0 | \$160,616 | \$0 | \$539 |
|-------|-----|-----|-----|-----------|-----|-------|

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |

| | | | | | | |
|---|-----|-----|-----|---------|-----|---------|
| Automobile (repair/ maintenance/mileage) | | | | | | |
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| Auto Fluids | | | | \$1,185 | | \$1,185 |
| TOTAL | \$0 | \$0 | \$0 | \$1,185 | \$0 | \$1,185 |

Name: Terry L. Barnes, President
Institution: **Mineral Area College**
Phone: 573.518.2146
Contact Person: Terry L. Barnes

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$116,800 | | | \$120,304 | | |
| Medical/dental/vision insurance for self | \$5,096 | | | \$5,184 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | \$283 | | | \$283 | | |
| Deferred compensation | \$8,000 | | | \$8,000 | | |
| Retirement benefit | \$14,010 | | | \$14,436 | | |
| Other (please specify) | | | | | | |
| Additional life insurance 300,000 term | Value \$4,800 | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$148,989 | \$0 | \$0 | \$148,207 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | no cost | | | no cost | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/maintenance/mileage) | \$350 | | | \$350 | | |

| | | | | | | |
|--|---------|-----|-----|---------|-----|-----|
| Professional Development | \$1,500 | | | \$1,800 | | |
| Expense for spouse/family to attend meetings | | | | \$500 | | |
| Club/other memberships | \$1,700 | | | \$1,700 | | |
| Other (please specify) | | | | | | |
| TOTAL | \$3,550 | \$0 | \$0 | \$4,350 | \$0 | \$0 |

Name: Kent Thomas, Chancellor, Missouri State University, West Plains Campus
Institution: **Missouri State University**
Phone: 417.836.4854
Contact Person: Kent Kay, Chief Financial Officer

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$104,510 | | | \$106,600 | | |
| Medical/dental/vision insurance for self | \$4,231 | | | \$4,803 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | \$178 | | | \$181 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$11,758 | | | \$14,176 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$120,677 | \$0 | \$0 | \$125,761 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | \$6,041 | | \$11,000 | \$5,284 | | \$11,000 |
| Utilities | \$4,164 | | | \$4,240 | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | \$4,371 | | | \$4,779 | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | \$6,000 | | | \$6,000 | | |
| Automobile (repair/maintenance/mileage) | \$3,042 | | | \$3,031 | | |

| | | | | | | |
|--|----------|-----|----------|----------|-----|----------|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$23,618 | \$0 | \$11,000 | \$23,334 | \$0 | \$11,000 |

Name: Evelyn E. Jorgenson, President
Institution: **Moberly Area Community College**
Phone: 660.263.4110, ext 204
Contact Person: Gary D. Steffes

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$121,000 | | | \$126,750 | | |
| Medical/dental/vision insurance for self | \$4,875 | | | \$5,033 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | | | | | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$13,846 | | | \$15,155 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$139,721 | \$0 | \$0 | \$146,938 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|---|--|--------------------------------|---|--|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/maintenance/mileage) | | | | | | |

| | | | | | | |
|--|-----|-----|-----|-----|-----|-----|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Name: Neil Nuttall, President
Institution: **North Central Missouri College**
Phone: 660.359.3948
Contact Person: Sharon Barnett, Ext 500

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$112,352 | | | \$115,761 | | |
| Medical/dental/vision insurance for self | \$4,891 | | | \$4,891 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | | | | | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$13,483 | | | \$14,478 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | \$50,000 | | | | | |
| Annuity | | | | | | |
| TOTAL | \$130,726 | \$0 | \$0 | \$135,130 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | \$7,200 | | | \$7,200 | | |
| Automobile (repair/maintenance/mileage) | | | | | | |

| | | | | | | |
|--|---------|---------|-----|---------|---------|-----|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | \$500 | | | \$500 | | |
| Other (please specify) | | | | | | |
| Travel | | \$5,000 | | | \$5,000 | |
| Medical Exam | \$500 | | | \$500 | | |
| Entertainment Expenses | | \$1,200 | | | \$1,200 | |
| TOTAL | \$8,200 | \$6,200 | \$0 | \$8,200 | \$6,200 | \$0 |

Name: Norman K. Myers, President
Institution: **Ozarks Technical Community College**
Phone:
Contact Person:

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$150,960 | | | \$158,508 | | |
| Medical/dental/vision insurance for self | \$3,834 | | | \$4,157 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | \$292 | | | \$290 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$45,908 | | \$23,700 | \$47,823 | | \$23,700 |
| Other (please specify) | | | | | | |
| Group Term Life Insurance | \$222 | | | \$210 | | |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |

| | | | | | | |
|-------|-----------|-----|----------|-----------|-----|----------|
| TOTAL | \$201,216 | \$0 | \$23,700 | \$210,988 | \$0 | \$23,700 |
|-------|-----------|-----|----------|-----------|-----|----------|

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | \$13,200 | | | \$13,200 | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | \$10,200 | | | \$10,200 | | |

| | | | | | | |
|---|----------|-----|-----|----------|-----|-----|
| Automobile (repair/ maintenance/mileage) | \$4,164 | | | \$5,167 | | |
| Professional Development | \$17,354 | | | \$15,400 | | |
| Expense for spouse/family to attend meetings | \$973 | | | \$838 | | |
| Club/other memberships | \$565 | | | \$665 | | |
| Other (please specify) | | | | | | |
| Medical Exam | | | | \$726 | | |
| Cell Phone Reimb. | \$358 | | | \$480 | | |
| TOTAL | \$46,814 | \$0 | \$0 | \$46,676 | \$0 | \$0 |

Name: John McGuire, President
Institution: **St. Charles Community College**
Phone: 636.922.8300
Contact Person: Donna Davis, AVP for Human Resources

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$138,636 | | | \$143,488 | | |
| Medical/dental/vision insurance for self | \$4,622 | | | \$4,465 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | \$367 | | | \$367 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$15,250 | | | \$16,501 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | Value | | | | | |
| Annuity | \$8,318 | | | | | |
| TOTAL | \$167,193 | \$0 | \$0 | \$164,821 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | \$7,800 | | | \$9,000 | | |
| Automobile (repair/maintenance/mileage) | | | | | | |

| | | | | | | |
|--|---------|-----|-----|---------|-----|-----|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$7,800 | \$0 | \$0 | \$9,000 | \$0 | \$0 |

Name: Henry Shannon, Chancellor
Institution: **St. Louis Community College**
Phone: 314.539.5208
Contact Person: Ron Portman

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$174,731 | | | \$185,249 | | |
| Medical/dental/vision insurance for self | \$5,192 | | | \$5,426 | | |
| Medical/dental/vision insurance for spouse/family | \$5,116 | | | \$5,350 | | |
| Long-term disability for self | \$483 | | | \$420 | | |
| Deferred compensation | \$10,000 | | \$10,000 | \$15,000 | | \$15,000 |
| Retirement benefit | \$19,605 | | | \$21,717 | | |
| Other (Unused Vacation) | \$12,660 | | \$12,660 | \$28,947 | | \$28,947 |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$227,787 | \$0 | \$22,660 | \$262,109 | \$0 | \$43,947 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/maintenance/mileage) | \$1,697 | | | \$1,833 | | |

| | | | | | | |
|--|---------|-----|-----|---------|-----|-----|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$1,697 | \$0 | \$0 | \$1,833 | \$0 | \$0 |

Name: Marcia Pfeiffer, President
Institution: **St. Louis Community College at Florissant Valley**
Phone: 314.539.5208
Contact Person: Ron Portman

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$115,511 | | | \$119,371 | | |
| Medical/dental/vision insurance for self | \$5,192 | | | \$5,426 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | \$483 | | | \$420 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$13,012 | | | \$14,053 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$134,198 | \$0 | \$0 | \$139,270 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/maintenance/mileage) | \$2,414 | | | \$2,598 | | |

| | | | | | | |
|--|---------|-----|-----|---------|-----|-----|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$2,414 | \$0 | \$0 | \$2,598 | \$0 | \$0 |

Name: Morris Johnson
Institution: **St. Louis Community College at Forest Park**
Phone: 314.539-5208
Contact Person: Ron Portman

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | | | | \$116,972 | | |
| Medical/dental/vision insurance for self | | | | \$5,430 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | | | | \$420 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | | | | \$13,849 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$0 | \$0 | \$0 | \$136,671 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/maintenance/mileage) | | | | \$1,972 | | |

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|--|-----|-----|-----|---------|-----|-----|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$0 | \$0 | \$0 | \$1,972 | \$0 | \$0 |

Name: E. Lynn Suydam, President
Institution: **St. Louis Community College at Meramec**
Phone: 314.539.5208
Contact Person: Ron Portman

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$121,098 | | | \$124,836 | | |
| Medical/dental/vision insurance for self | \$5,192 | | | \$5,426 | | |
| Medical/dental/vision insurance for spouse/family | \$5,116 | | | \$5,350 | | |
| Long-term disability for self | \$483 | | | \$420 | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$13,692 | | | \$14,787 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$145,581 | \$0 | \$0 | \$150,819 | \$0 | \$0 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/maintenance/mileage) | \$1,815 | | | \$1,677 | | |

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|--|---------|-----|-----|---------|-----|-----|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$1,815 | \$0 | \$0 | \$1,677 | \$0 | \$0 |

Name: Marsha Drennon, President
Institution: **State Fair Community College**
Phone: 660.530.5800
Contact Person: Connie Chamberlain

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$126,000 | | | \$128,500 | | |
| Medical/dental/vision insurance for self | \$4,347 | | | \$4,683 | | |
| Medical/dental/vision insurance for spouse/family | | | | | | |
| Long-term disability for self | | | | | | |
| Deferred compensation | | | | | | |
| Retirement benefit | \$14,872 | | | \$15,819 | | |
| Other (please specify) | | | | | | |
| Life insurance (based on annual salary - benefit given to all full time employees) | \$355 | | | \$362 | | |
| Additional life insurance | Value | | | | | |
| Annuity | Value | | | | | |

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|-------|-----------|-----|-----|-----------|-----|-----|
| TOTAL | \$145,574 | \$0 | \$0 | \$149,365 | \$0 | \$0 |
|-------|-----------|-----|-----|-----------|-----|-----|

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | | | | | | |
| Automobile | | | | | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |

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|---|-----|-----|-----|-----|-----|-----|
| Automobile (repair/ maintenance/mileage) | | | | | | |
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | | | | | | |
| Other (please specify) | | | | | | |
| TOTAL | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

Name: John F. Cooper, President
Institution: **Three Rivers Community College**
Phone: 573.840.9663
Contact Person: George Jarboe

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| | FY 2005 Actual Expenditures | | | FY 2006 Estimated Expenditures | | |
|--|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------------------|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary | \$125,867 | | | \$133,390 | | |
| Medical/dental/vision insurance for self | \$4,502 | | | \$4,812 | | |
| Medical/dental/vision insurance for spouse/family | \$148 | | | \$148 | | |
| Long-term disability for self | | | | | | |
| Deferred compensation | \$4,785 | | \$4,785 | \$4,978 | | \$4,978 |
| Retirement benefit | \$19,363 | | \$5,000 | \$16,000 | | |
| Other (please specify) | | | | | | |
| Additional life insurance | Value \$100,000 | | | | | |
| Annuity | Value | | | | | |
| TOTAL | \$254,665 | \$0 | \$9,785 | \$159,328 | \$0 | \$4,978 |

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property.)

| | FY 2005 Actual Expenditures | | Estimated Value of Compensation (not reflected in budget) | FY 2006 Estimated Expenditures | | Estimated Value of Compensation (not reflected in budget) |
|--|-------------------------------|--|---|--------------------------------|--|---|
| | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | |
| Housing | | | | | | |
| Utilities | | | | | | |
| Housing allowance provided for private rent/lease/purchase | | | | | | |
| Housekeeper | | | | | | |
| Custodian, groundskeeper | | | | | | |
| Insurance for personal property | | | | | | |
| Entertainment | \$1,791 | | | \$1,500 | | |
| Automobile | Yes | | | Yes | | |
| Automobile allowance (provided for private lease/purchase) | | | | | | |
| Automobile (repair/maintenance/mileage) | | | | | | |

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|--|---------|-----|-----|---------|-----|-----|
| Professional Development | | | | | | |
| Expense for spouse/family to attend meetings | | | | | | |
| Club/other memberships | \$788 | | | \$200 | | |
| Other (please specify) | | | | | | |
| TOTAL | \$2,579 | \$0 | \$0 | \$1,700 | \$0 | \$0 |